**DRAFT**

*Guidelines for*

# Identifying Children with Learning Disabilities

*Developed by the*
*Connecticut State Department of Education*
*1999*

*2nd Edition*

# State of Connecticut

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# Contents


## Section I: Introduction ..... 3

- ✧ Definition of a Learning Disability ..... 4
- ✧ Problems with Identification ..... 5
- ✧ Instructional Programming ..... 7
- ✧ Purpose of the New Guidelines ..... 8

## Section 2: Increasing Capacity ..... 9

- ✧ Unification of Special Education and Regular Education/Changing Roles ..... 9
- ✧ Reading ..... 10
- ✧ Mathematics ..... 13
- ✧ Middle School and Beyond ..... 14
- ✧ Intervention/Teacher Assistance Teams ..... 15
- ✧ Referral to Special Education ..... 16

## Section 3: Evaluation ..... 17

- ✧ Determining Need for Evaluation ..... 17
- ✧ Design of Evaluation ..... 17
- ✧ Multidisciplinary Evaluation Report ..... 18

## Section 4: Determination of Eligibility ..... 19

- ✧ Criteria for Eligibility ..... 19
- ✧ Lack of Appropriate Instruction in Reading and Math ..... 19
- ✧ Severe Discrepancy ..... 21
- ✧ Evidence of Processing Disorder ..... 22
- ✧ Elimination of Other Causes ..... 23
- ✧ Needs Special Education ..... 26
- ✧ Worksheet for Determining Eligibility ..... 27
- ✧ Eligibility Considerations of Young Children ..... 28
- ✧ Eligibility Considerations of Students with High Ability ..... 28
- ✧ Reevaluation of Students with Learning Disabilities ..... 29

## Section 5: Recommended Practices for Consistent Identification ..... 30

- ✧ Self-Evaluation of Capacity ..... 30
- ✧ District Analysis of Available Data ..... 31
- ✧ Case Reviews and Clinical Conferencing ..... 31
- ✧ Core Assessments ..... 31
- ✧ Core Diagnostic Team ..... 31
- ✧ Uniform Professional Development Opportunities ..... 32

## Appendices

Appendix A: Decision-Making Process for the Identification of a Learning Disability Under IDEA
Appendix B: Multidisciplinary Evaluation Report for Students Suspected of Having a Learning Disability
Appendix C: Reading and Math Worksheets
Appendix D: PPT Membership
Appendix E: Conversion of Standard Scores
Appendix F: Standard Score Regression Table
Appendix G: Excerpts from the *Agenda for Improving Education Services to All Students, Particularly Students Eligible for Special Education and Related Services*
Appendix H: Excerpts from *Improving Reading Competency for Students in the Primary Grades*
Appendix I: Bibliography

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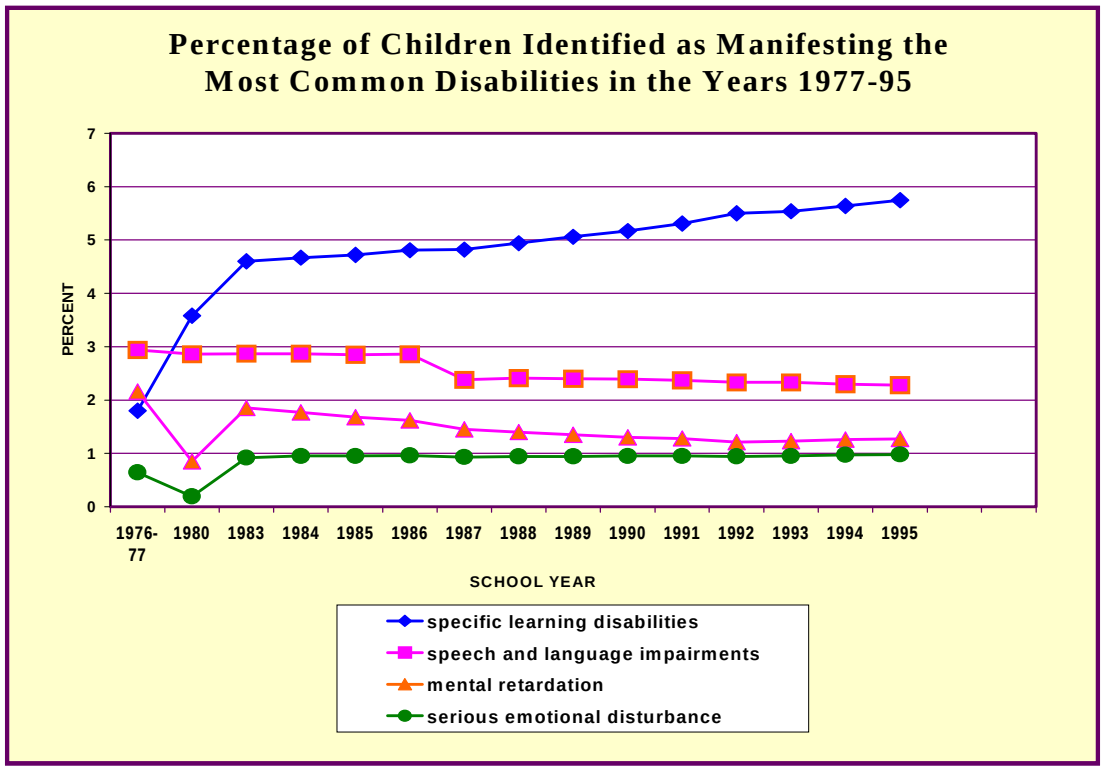
# Introduction

**Section 1**

According to the 19th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (1998), more children with learning disabilities are being served through special education than any other single category of exceptionality. In addition, the number of children identified as having a learning disability has grown more rapidly than any of the other areas of disability (see chart below).




Learning disabilities (LD) have been included as an identifiable disability since the passage of federal laws governing the education of students with disabilities. While it is widely accepted as an area of exceptionality in educational practice, it has been fraught with controversy.

The disagreements generally focus on:

(1) problems with identification (i.e., how to apply the definition); and
(2) whether or not children with LD need fundamentally different instructional programs than other children experiencing learning problems (Torgesen, 1991).

# Definition of a Learning Disability

**According to IDEA 97, the Federal definition of a learning disability is as follows:**

- ✧ The term "specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations (Sec. 602(26)(A)).

- ✧ Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia (Sec. 602 (26)(B)).

- ✧ Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage (Sec. 602(26)(C)).

- ✧ In making a determination of eligibility...a child shall not be determined to be a child with a disability if the determinant factor for such determination is lack of instruction in reading or math or limited English proficiency (Sec. 614(b)(5)).

**Current federal regulations** (as of November, 1998) elaborate on the basic definition, and define the criteria for determining the presence of a specific learning disability. Regulations state that a team may determine that a child has a specific learning disability if:

1. The child does not achieve commensurate with his or her age and ability levels in one or more of the areas of oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, mathematics calculation, and mathematics reasoning, if provided with learning experiences appropriate for the child's age and ability levels; and
2. The team finds that a child has a severe discrepancy between achievement and intellectual ability in one or more of the areas identified above.

**Connecticut law 10-76 defines a learning disability as:**

A child who demonstrates a severe discrepancy between educational performance and measured intellectual ability and who exhibits a disorder in one or more of the basic psychological processes as indicated by a diminished ability to listen, speak, read, write, spell or do mathematical calculation or reasoning. The term shall not include children who have learning problems which are primarily the result of visual, hearing or physical handicaps, or of mental retardation (Sec. 10-76a-2(d)).

# Problems with Identification

Despite years of debate and research, the field has yet to apply the definition effectively so as to insure the appropriate and consistent identification of students with learning disabilities. Some of the reasons for this follow.

## Severe Discrepancy

The current and proposed federal regulations in IDEA as well as the Connecticut statutes require that a child have a "severe discrepancy between achievement and intellectual ability" in order to be identified as having a learning disability. The discrepancy formula approach has been widely criticized for a variety of reasons (Shaw, Cullen, McGuire, and Brinkerhoff, 1995):

- ✧ Significant variations in discrepancy formulas from state to state, and district to district, contribute to inconsistencies in identification (e.g., a student may be eligible for services in one place and ineligible in another);

- ✧ The computation of discrepancies is often complicated and, some believe, may be invalid, largely due to the statistical phenomenon of regression to the mean and differences in the construction of tests;

- ✧ Strict adherence to discrepancy formulas leave no room for clinical judgment, thereby eliminating some students from service who may, in fact, have a learning disability (e.g., a learning disability may significantly affect performance on both aptitude and achievement tests, resulting in no discrepancy for a student who, in fact, has a learning disability); and

- ✧ Discrepancy formulas can lead to a "wait and fail" model of identification. It is difficult to find a severe discrepancy in the early grades. Therefore, children often fail or approach failure before a discrepancy can be found.

## Processing Disorders

The federal and state definitions state that a child with a learning disability "exhibits a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written" (Sec. 602(26)(A) and Sec. 10-76a-2(d)). Determining the presence of a processing disorder has been problematic for professionals in the field.

- ✧ Critics have expressed concern with the technical adequacy of instruments used to measure process dysfunctions (Moats and Lyon, 1993; Shaw et. al., 1995), as well as the historic premise upon which they have been based (Hammill, 1993). Hammill states that a proliferation of tests were developed in the 1970s to identify processing disorders for the purposes of remediating the deficit. Many of these tests were inadequately normed, with poor reliability and validity. Furthermore, subsequent studies concluded that the tests did not relate to academic or cognitive skill performance, and that the process training was ineffective in producing academic growth (Hammill, 1993).

- ✧ Scatter on Weschsler Intelligence Scale subtests has been another method professionals have used to identify processing disorders in students. However, after analyzing the subscale scores of 2,200 children, Kaufman (1976) found that average students without disabilities also exhibited wide ranges of scatter on their subtest scores, thereby casting doubt on conclusions that can be made about the scatter for students with disabilities.

- ✧ More recent research suggests that some tests that purport to measure a particular processing skill, may, in fact, be tapping a very different process (Spear-Swerling, 1998). For example, few tests that purport to measure visual processing, involve a purely visual task. Consequently they may be, in actuality, measuring visual motor skills or memory skills.

- ✧ Beginning in the 1980s, cognitive psychologists began to re-examine the concept of an information-processing model in the field of learning disabilities (e.g., Swanson, 1987; Wong, 1986; Torgesen, 1986). These professionals have been examining basic psychological processing areas such as attention, memory, metacognition, and executive functioning. While many of the same concerns regarding the validity and reliability of the constructs and their measurement remain, the cognitive psychologists are working to establish a more complete theoretical and research base than had been done in the past (Hammill, 1993).

## Heterogeneity

The assessment difficulties arising from these problems with definition are complicated further by the fact that students with learning disabilities are a heterogeneous, or highly variable, group of individuals. There appears to be a general consensus among professionals that many subtypes exist within the broad category of learning disabilities, and the boundaries between the subtypes often overlap. Recent research has tended to divide students with LD into two main groups: verbal learning disabilities and nonverbal learning disabilities (Harnadek and Rourke, 1994).

- ✧ Students with verbal disabilities tend to have general verbal/language deficits or more specific phonological processing disorders. Verbal learning disabilities may result in significantly impaired reading, written language and/or spelling skills.

- ✧ Students with nonverbal learning disabilities may have problems in visual-spatial-organizational, tactile-perceptual, psychomotor, and/or nonverbal problem solving skills. They may have academic difficulties in computational mathematics and/or writing skills, and appear to be at increased risk for social and behavioral difficulties (Harnadek and Rourke, 1994; Torgesen, 1993)

## Summary

Given the enormous variability in the population of students with learning disabilities, the proliferation of tests on the market, and the problems cited above that are inherent in applying the definition, it has been extremely difficult to identify specific assessment instruments that consistently and appropriately identify these students. The problem of distinguishing students with LD from students without LD has become even more compounded by recent research that suggests that poor readers without disabilities and students who have been identified with mild learning disabilities may not differ significantly in the areas of information processing, genetic, or neurophysiological characteristics (Lyon, 1996).

# Instructional Programming

*…when high-risk students and poor readers receive the appropriate instructional program before the age of eight or nine, the majority of the students will learn to be effective readers…*

Statistics reflect that the majority of students who have been identified with a learning disability (approximately 80 percent) have a significant deficit in the area of reading, and the primary cause appears to be a deficit in the area of phonological awareness (Beck and Juel, 1995; Bruck, 1990; Fletcher, Shaywitz, Shankweiler, Katz, Liberman, Stuebing, Frances, Fowler, & Shaywitz, 1994; Share and Stanovich, 1995; Snow, Burns and Griffin, 1998;Torgesen, 1991 and 1999).

Historically, professionals have operated under the assumption that the reading problems of students with learning disabilities were due to intrinsic disorders other than low intelligence, and that such students needed a qualitatively different educational intervention program than poor readers who were not learning disabled.

In fact, the premise that poor readers with LD and poor readers without LD respond differently to different kinds of instruction, and the premise that students with LD need specialized instruction, have not been validated by recent research (Aaron, 1997; Spear-Swerling and Sternberg, 1998; Sternberg and Spear-Swerling, 1999).

The research suggests that not all poor readers benefit from the same type of instructional intervention. Rather, the instructional approach for each individual poor reader should be selected based upon the source of the identified reading problem (i.e., decoding, comprehension, or a combination of the two).

The research also suggests that when high-risk students and poor readers receive the appropriate instructional program before the age of eight or nine, the majority of the students will learn to be effective readers. If the intervention is delayed until after the age of nine, however, they are likely to be disabled readers throughout their lives (Frances, Shaywitz, Steubing, Shaywitz, & Fletcher, 1994; Lyon, 1996; Shaywitz, Escobar, Shaywitz, Fletcher, & Makuch, 1992).

There is an increasingly large body of research documenting that students at risk for becoming poor readers can be identified as early as kindergarten and first grade based upon poor phonemic awareness skills (Blachman, Ball, Black and Tangel, 1994; Torgesen and Davis, 1994; Torgesen, 1999). When these students are given phonemic awareness training, often combined with decoding and comprehension training, most attain average levels of reading ability.

Unfortunately, there continues to be a small percentage of students who, even with intensive intervention, continue to have severe reading problems. It may be this group of students who are likely to require long-term intensive and specialized instruction (Lyon, 1996; Torgesen, 1996).

# Purpose of the New Guidelines

In spite of the controversy and debate surrounding the federal definition and the accompanying identification criteria, the wording from the original law was retained when congress passed the revised legislation now known as IDEA. In Connecticut, as in other states, we are therefore bound to the definition and identification criteria articulated in the law. However, it seems both reasonable and prudent that the interpretation of these concepts, as well as the manner in which they are applied, be responsive to the growing body of scientific research and the collective wisdom of practitioners in the field. With this goal in mind, these revised guidelines have been prepared.

**The primary goals of the new Guidelines for Identifying Students with Learning Disabilities are to:**

1. Ensure the appropriate identification of students who have a learning disability, and need special education and related services, as defined in IDEA 97;
2. Achieve consistency in the identification of a learning disability from district to district within the state; and
3. Increase the capacity of the entire education system to better meet the needs of *all* students, thereby reducing the present dependency on special education.

These guidelines are a working draft for the 1998-99 school year. The Connecticut State Department of Education will solicit feedback throughout the year, and will consider this feedback in any subsequent revisions. In addition, the U.S. Department of Education (Committee report to accompany IDEA, 1997) noted that the federal government is committed to studying the issue in order to determine whether changes in the learning disabilities definition should be made. The Connecticut State Department of Education will monitor this process closely, and incorporate new federal recommendations into the guidelines.

# Increasing Capacity

**Section 2**

The federal government and the Connecticut State Department of Education recognize that schools need to increase the capacity of regular education and the entire educational system in order to meet the needs of *all* students. IDEA 97 does not allow children to be identified as having a learning disability "if the determinant factor… is lack of instruction in reading and math or limited English proficiency" Section 614(b)(5). As the Department's *Report on Special Education and Related Services* (1998) states, "…the identification of students as needing special education and related services will depend, to a significant degree, upon the extent to which the general classroom and the accommodations and support services available within the general education program meet the diverse needs of the broad range of students" (p. 156). Therefore, perhaps the most significant aspect of the revised *Guidelines for Identifying Students with Learning Disabilities* is the expectation of what regular education will provide to all students.

## Unification of Special Education and Regular Education/ Changing Roles

Children are entering our schools with more complex educational, medical and social needs than ever before. In its *Position Statement on Educating Students with Disabilities* (1996), the Connecticut State Board of Education expresses the following belief:

> "all children are unique and are influenced by cultural, linguistic, intellectual, psychological, social and economic factors. These factors create a need for a varied educational environment that provides for, and accommodates, each child's strengths and areas of improvement. The Board also believes that a unified and coordinated continuum of educational opportunities and supports, designed to address individual needs, serves and benefits all students. **The Board encourages the implementation of educational models that promote multiple instructional strategies, which encourage and accommodate students in the general environment to the maximum extent appropriate.** It is the responsibility and obligation of educators to design and provide teaching strategies, methods and materials that are suitable for each individual learner."

In the past few years, the federal and state government have done several things to encourage the development of a coordinated educational system. For example:

- ✧ IDEA encourages the development of coordinated service systems which benefit students with and without disabilities (Sec. 613 (f)(g));

- ✧ IDEA allows the "permissive use of funds" which means when monies are used for special education and related services to meet the IEP of a child with disabilities, it is permissible for non-disabled students to benefit from the services;

- ✧ The Connecticut State Department of Education has supported a consolidated grant application to encourage the unification of services;

- ✧ The Connecticut State Department of Education's *Report on Special Education and Related Services* (1998) recommends practices that promote the unification of special and regular education to meet students' needs;

- ✧ The 1998 *Connecticut Agenda for Improving Education Services to All Students; Particularly Students Eligible for Special Education and Pupil Services* (*Connecticut Agenda*) states that "general and special education must be reunited into a unified system of educational programs and supports that provide a range of opportunities and experiences based on each student's unique learning style, needs and interests";

- ✧ The State teaching certification regulations language allow for flexible use of certified special education teachers to provide services to students without disabilities; and

- ✧ As stated previously, the State Board of Education's *Position Statement on the Education of Children with Disabilities* (1996) encourages "the development of educational models that create systemic unity between special and general education".

As barriers are being removed, districts now have the opportunity to unify resources and services to address the needs of *all* students. School systems are encouraged to break away from the old service paradigms, and create new unified models of service delivery. For example special educators might be very involved in intervention programs involving K-2 children who are at-risk for learning problems. Similarly, regular education resource specialists (e.g., reading and math specialists, Title I personnel) may include children with and without disabilities in the same instructional group when the learning needs of the children are similar.

# Reading

Since approximately 80 percent of students identified as having a learning disability have reading problems (Lyon, 1996), the largest impact of the revised *Guidelines for Identifying Students with Learning Disabilities* will be in the area of early literacy. Preventing reading failure has become a high priority nationally and in the state of Connecticut.

Due to national concerns regarding early literacy, the U.S. Department of Education and the U.S. Department of Health and Human Services requested that the National Academy of Sciences establish a committee specifically to focus on this issue. In 1998, the National Academy Press published the committee's comprehensive report entitled *Preventing Reading Difficulties in Young Children* (Snow, Burns, and Griffen, 1998) which stresses the critical importance of providing excellent reading instruction to all young children. The report is in agreement with the National Institute of Child Health and Development research (Lyon, 1996), and states that "most of the reading problems faced by today's adolescents and adults are the result of problems that might have been avoided or resolved in their early childhood years" if appropriate instruction and preventative measures had been provided (p.316).

The National Academy Press report (Snow, et. al., 1998) represents current "best practice" thinking about early reading instruction. According to the report (p. 3-5), **reading programs should include the following critical components required for any child to learn to read:**

1) The ability to use and understand the alphabetic principle (this includes phonemic awareness skills);
2) Opportunities for sufficient reading practice to achieve fluency;
3) The ability to transfer the comprehension skills of spoken language to reading and to acquire new strategies that may be specifically needed for reading;
4) Opportunities to acquire adequate background knowledge and vocabulary; and
5) The motivation to read, and an appreciation of the rewards of reading.
6) Opportunities to write, using the newly acquired skills.

In addition, the report emphasizes the critical importance of attending to skills that are known to predict future reading achievement, especially those for which a causal role has been demonstrated. Phonemic awareness is an important example of such a skill, and the report recommends that, "explicit instruction that directs children's attention to the sound structure of oral language and to the connections between speech sounds and spellings assists children who do not apply it productively when they encounter unfamiliar printed words" (p.6).

The State Department of Education and the Connecticut General Assembly have taken an active role in support of the federal initiatives. In 1998, the legislature passed Public Act 98-243, that requires each school district to have a three-year reading plan for grades K-3 by September 1999.

**Mandatory components of the three-year reading plan that are particularly relevant to these guidelines include the delineation of:**

1) Specific instructional methods, strategies and activities that will be used to teach reading;
2) A process for assessing and assisting students who are at risk of failing to learn to read by the end of first grade;
3) Periodic evaluations of the reading levels of students;
4) Additional time for remedial instruction for students who fail to make progress in their reading development or are reading below grade level; and
5) A process for involving parents in addressing the reading problems of their children, including a requirement to provide information to parents on strategies that can be used at home to improve the child's language development, pre-reading or reading skills.

The Department has published *Improving Reading Competency For Students in the Primary Grades* and is providing training academies and technical assistance in order to help school districts develop their three-year reading plans and high-quality reading programs. The Department's philosophy is consistent with the National Academy Press report, and advocates a balanced approach to reading instruction. A variety of authentic, rich and interesting texts must be used, and comprehension skills, as well as specific word analysis skills, must be taught. All instruction should be planned and deliberate, based on the continuous documentation of student progress, in order for the teacher to make sound instructional decisions as to which skills and strategies the student needs to develop.

Based on this information, research and legislation, **the following interventions must be delivered in the regular education program whenever appropriate *prior to* a referral to special education:**

1. **Routine phonemic awareness activities** must be incorporated into all kindergarten and first grade curricula, and the child must have participated in these lessons;
2. **Phonemic awareness screening** must be administered during the kindergarten school year, and small group or individual intervention must have been provided if the child was weak in phonemic awareness skills;
3. **Explicit instruction in alphabetic principle and comprehension strategies** must have been provided, **with daily opportunities to use these skills in writing.**
4. ***Daily* opportunities for guided and independent reading** in familiar materials at the child's appropriate level must have been made available;
5. **K-3 reading curricula must reflect recommended skills and abilities** in *Improving Reading Competency For Students in the Primary Grades,* and the child must have participated in the curriculum (see Appendix H );
6. **Evidence of on-going assessment** must be available to demonstrate that appropriate instructional decisions have been made based on the identified needs; and
7. **Daily individual or small group intensive reading intervention** must have been provided under the direction of a person highly knowledgeable in reading instruction to children identified at risk for reading problems.

Daily small group or individual intervention must be provided for children who are experiencing problems learning to read. While a balanced approach to reading instruction is always recommended, the intervention's emphasis may shift depending upon a particular child's identified strengths and weaknesses.

On-going assessment must be used to identify the specific needs of the child (e.g., phonemic awareness, decoding, and comprehension), and the instruction must be explicit, direct and systematic. It should result in the child's ability to use a variety of strategies and cue sources to gain meaning from print.

Several tiers of intervention that vary in approach, intensity, duration and individualization must be available. Multisensory code-based instruction, Reading Recovery (Clay, 1985), Hiebert's restructured Chapter I program (Hiebert, 1994), and programs based on the critical components recommended in *Preventing Reading Difficulties in Young Children* (Snow et. al., 1998) may be among the instructional interventions considered.

The choice of approach should be based on the child's needs. If the selected approach is not successful, other approaches must be implemented. For example, if a child has been provided with a program that uses an analytic (whole-to-part) approach to phonics instruction, and continues to have difficulty with the alphabetic principle, he/she should be provided with a multisensory code-based instructional approach before being considered for special education. Similarly, if a child has been provided with a code-based, synthetic (part-to-whole) approach, and has not met with success, a more contextual and analytic approach should be attempted before being considered for special education. In all instances, a wide variety of books, at the child's instructional and independent level, that provide opportunities for extensive practice on specific skills must be made available to the child.

Developmental differences in learning, which resolve with maturation and appropriate instruction, must be distinguished from enduring academic or processing problems. Providing the appropriate interventions described above will assist teams in making this important distinction. If these guidelines are followed by school districts, most children will not be referred to special education because of a suspected learning disability before late second grade. Children will receive the needed instruction through regular education, rather than having to fail and be referred to special education in order to receive support. It is expected that many more children will be successful if the appropriate structures have been put into place within the school.

# Mathematics

While difficulties in reading characterize the majority of students with learning disabilities, there are a number of students for whom other academic areas are affected. Currently there is no mandatory legislation that specifies the math structures that need to be in place comparable to the reading provisions in PA 98-243. There are, however, math guidelines and standards that can help in creating reasonable expectations for regular education.

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The National Council of Teachers of Mathematics (NCTM) has published *Curriculum and Evaluation Standards for School Mathematics* (NCTM, 1989) that identify critical elements of a quality math program. The following **methods/strategies that should be implemented before students are considered for referral for a suspected learning disability are:**

1. **Evaluation methods need to be on-going** during the course of instruction so subsequent instruction may be based on their results;
2. **Technology needs to be available to assist in learning**. Appropriate calculators should be available at all times, for all ages of students; computers should be accessible for individual and small group work; computer skills should be taught and applied to process information and perform calculations for investigating and solving problems;
3. **Practice on mathematical methods** needs to be provided**, and opportunities for discussions** between and among students and teacher should be included;
4. **Curriculum should incorporate real-world contexts** and students' personal experiences and language; and
5. **Students of all ages should be active in their learning, with opportunities for hands-on activities in tactile, auditory and visual instructional modalities**. Extensive use and availability of manipulative materials (e.g. cubes, links, attribute blocks, tiles, models, rulers, spinners, colored rods, balances, fraction pieces, and graph, grid and dot paper along with household items such as beans, buttons, egg cartons,) should be used to foster the development of abstract concepts.

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In addition basic math skills such as automatic recall of math facts and computational algorithms need to be *directly taught* before a student is referred for a suspected learning disability.

# Middle School Years and Beyond

If school personnel are providing effective interventions through regular education, and doing continuous assessment of progress to guide instructional decisions, they should know during the elementary school years whether or not a student's learning difficulties are persisting. Therefore, the expectation is that the majority of students who have learning disabilities will be identified between late second and fourth or fifth grade. It would be unusual to refer a student for the first time during the middle school or secondary school years without a previous history of difficulties and efforts to address them.

As students experience their middle school and secondary school years, they simultaneously face internal changes, changes in the school structure, and changes in classroom demands. Physiological changes coupled with increased peer pressures and the need for social acceptance may compete strongly with a student's attention to academics. It is not unusual to see a decline in academic performance due to social, attention, homework completion and/or organizational problems. The National Joint Committee on Learning Disabilities points out that, "problems with self-regulatory behaviors, social perception, and social interactions may exist with learning disabilities **but do not by themselves constitute a learning disability"** (National Joint Committee on Learning Disabilities, 1997, emphasis added). Before referring older students to special education for consideration of a possible learning disability, the team should be sure that regular education is addressing these common problems for all students.

**The following are the kinds of regular educational structures that must be made available to students prior to referral**.

**Organization:**

1. Homework assignments handled uniformly throughout a school building and/or district;
2. Note-taking methods taught at a specified grade level and then monitored consistently throughout the grades for appropriate use; and
3. Consistent, schoolwide method of organizing a student's notebook and locker required, taught and monitored.

**Pace of Instruction and Complexity of Material:**

1. Specific study skills taught to all students at a grade level and then applied and monitored throughout the subsequent grade levels;
2. Word processing skills taught and applied;
3. Computer technology readily available in classrooms for spontaneous use;
4. Out-of-class assistance available for students needing additional repeated practice or further explanation;
5. Re-teaching an integral part of lesson planning and instruction, when indicated; and
6. Frequent opportunities for hands-on learning and/or assessment.

# Intervention/Teacher Assistance Teams

All schools should have an intervention/teacher assistance team process in place to support teachers who are having difficulties effecting change in a student's learning. The purpose of the team is to ensure that the student has access to appropriate regular education interventions and programs before a referral to special education is considered. The team should primarily be comprised of general education teachers, and the process should provide a framework for teachers to collaborate and solve problems in an atmosphere of collegiality.

**Among the interventions the team should consider are:**

- ✧ Curriculum modifications;
- ✧ Alternative intervention programs;
- ✧ Alternative assessment strategies;
- ✧ Variations of instruction to match learning styles;
- ✧ Study skills curricula;
- ✧ Behavior management programs;
- ✧ Environmental/classroom accommodations;
- ✧ Cooperative learning;
- ✧ Team teaching;
- ✧ Peer interaction support;
- ✧ Remedial teaching programs;
- ✧ Special services consultation; and
- ✧ Parental involvement.

The team should use "best practices" during the intervention process to ensure the development and implementation of effective intervention programs.

**"Best Practices" include:**

- ✧ A comprehensive review of the student's attendance, academic history (e.g., report cards, curriculum exposure), school history, health history, health record (e.g., vision, hearing and current health status), experiential background, cultural issues, and language proficiency;
- ✧ Observations in a variety of settings;
- ✧ Developing a comprehensive plan of action that includes clearly stated goals, a reasonable timeline, and specific assignment of responsibilities;
- ✧ Curriculum-based assessments;
- ✧ On-going assessment to document growth and to provide a basis for instructional decisions; and
- ✧ Provisions for modification and/or redesigning of intervention process, as appropriate.

For more comprehensive information regarding the Intervention/Teacher Assistance Team Process in Connecticut, contact the Special Education Resource Center at (860) 632-1485.

# Referral to Special Education

The intervention/teacher assistance team should ensure that the recommendations in this chapter were followed before a referral to the Planning and Placement Team (PPT) is made. Students should not be referred simply because they need academic assistance and special education is the only available vehicle. **Schools must have appropriate alternative programs and interventions that provide a continuum of educational opportunities to students as part of the regular education program** (Public Act 98-243, CT General Statute 10-76d-7).

When the intervention/teacher assistance team suspects that a learning disability may be causing the student difficulties, and alternatives within general education have demonstrated minimal results, the student should be referred to the PPT.

# Evaluation

## Determining Need for Evaluation

**Section 3**

When a student has been referred to a Planning and Placement Team (PPT) because a learning disability is suspected, the PPT must first review information to determine whether an evaluation needs to be conducted. In making this decision, the team must review the alternative procedures and programs implemented in regular education. Some of the questions the team should explore as they determine the need for an evaluation are:

- ✧ Has the student participated in an intervention/teacher assistance team process? If not, under most circumstances, the team should determine that no evaluation is recommended at this time, and refer the student to the intervention/teacher assistance team.

- ✧ What kinds of strategies and programs have been used to instruct and support the student? Have the strategies/programs been successful? Why or why not? Are there additional regular education strategies and programs that should be in place and tried before an evaluation is done?

- ✧ Is the student's learning problem primarily due to factors such as limited English proficiency, lack of motivation, or situational traumas? If the answer is yes, in most cases, the team should not recommend an evaluation. It is possible, however, that the team will determine that, one or more of these factors are present, but they do not, by themselves account for the student's learning problems. In such cases, the team may decide to recommend an evaluation to determine the presence of a learning disability.

- ✧ Might the student's learning problems be primarily due to a visual, hearing, or motor impairment, or another disability? If so, the team should consider recommending an appropriate evaluation based on these concerns.

(See Appendix D for PPT membership)

## Design of Evaluation

When designing an evaluation, the PPT must collect data to determine:

1. The student's present level of performance and educational needs;
2. Whether a student has a learning disability (additional information may need to be collected if other disabilities are suspected); and
3. Whether the student needs special education and related services.

The initial evaluation must be conducted by a multidisciplinary team, and gathered from multiple sources (e.g. parental input, regular classroom teachers' input, curriculum-based measures, standardized assessments, student records, and observations). As team members design the evaluation, they should review existing evaluation data to determine what additional information is needed.

*Evaluation*

**The evaluation for determining the existence of a learning disability *must* include the following components:**

- ✧ Evaluations and information provided by the parent.
- ✧ Information gathered and addressed during the intervention/teacher assistance team process, such as:
    a. current classroom-based assessments and observations;
    b. interventions and outcomes;
    c. attendance;
    d. academic history (e.g., report cards, curriculum exposure);
    e. progress in comparison to classroom peers, districtwide grade level peers and statewide grade level peers;
    f. health and developmental information of educational relevance;
    g. experiential background and cultural difference; and
    h. English language proficiency.

- ✧ Intellectual ability/aptitude of student.
- ✧ Present levels of educational performance and educational needs.
- ✧ Classroom observation, which includes an assessment of factors extrinsic to the student (e.g., types of instructional practices used, environmental arrangements, situational factors, etc.), as well as observation of behavior and the behavior's relationship to academic performance. At least one team member other than the student's regular teacher *must* observe the student's academic performance in the regular classroom setting. In the case of a child of less than school age or out of school, a team member shall observe the child in an environment appropriate for a child of that age.
- ✧ Processing information and its relationship to academic performance
- ✧ Educational relevant medical findings, if any.
- ✧ Developmental, social, and behavioral information.

# Multidisciplinary Evaluation Report

At the end of the evaluation process, the team *must* complete a Multidisciplinary Evaluation Report to indicate whether or not a student is eligible for special education and related services due to a learning disability. (Refer to Appendix B for the Multidisciplinary Evaluation Report.)

# Determination of Eligibility

**Section 4**

## Criteria for Eligibility

In order for a student to be identified as having a learning disability by the PPT and eligible for special education, all of the following criteria *must* be met:

- ✧ There must be evidence that the student's level of functioning is not due to **lack of appropriate instruction** in reading and math;
- ✧ There must be evidence that the student does not achieve commensurate with his or her age and ability**, and** there is a **severe discrepancy** between educational performance and measured intellectual ability;
- ✧ There must be evidence that the student has a **disorder in one or more of the basic psychological processes** that impacts the areas of educational weakness;
- ✧ There must be evidence that the student's learning problems are **not due primarily to visual, hearing or motor impairments, mental retardation, emotional disturbance, environmental, cultural, or economic disadvantage**, **limited English proficiency, motivational factors, or situational traumas** (e.g., recent death in the family); and
- ✧ There must be evidence that the student **requires special education and related services** due to the severity of the disability.

The following sections describe these criteria in more detail.

## Lack of Appropriate Instruction in Reading and Math

Before determining that a student has a learning disability, the PPT *must* insure that the intervention team has explored and implemented alternative strategies, and it must evaluate whether the student has received appropriate instruction and support in reading and math in regular education.

With regard to this issue, the Committee on Labor and Human Resources explained the intention of the legislation as follows:

> The committee intends that professionals, who are involved in the evaluation of a student, give serious consideration at the conclusion of the evaluation process to other factors that might be affecting the student's performance. There are substantial numbers of students who are likely to be identified as disabled because they have not previously received proper academic support. Such a student often is identified as learning disabled, because

> the student has not been taught, in an appropriate or effective manner for the student, the core skill of reading. Other cases might include students who have limited English proficiency. Therefore, in making the determination of a student's eligibility, the bill states that a student shall not be determined to be a student with a disability if the determinant factor for such a determination is lack of instruction in reading or math or limited English proficiency.
>
> The committee believes this provision will lead to fewer students being improperly included in special education programs where their actual difficulties stem from another cause and that this will lead schools to focus greater attention on these subjects in the early grades (emphasis added)
>
> *(Committee report to accompany S. 717 in Individuals with Disabilities Act Amendments of 1997).*

Although the committee report intended that the PPT team consider this issue at the end of the evaluation, it is our belief that lack of instruction should be looked at earlier in the process as well, to avoid unnecessary evaluations.

As previously stated, the expectations of regular education, particularly in the area of providing assistance/intervention to young students with reading problems, has expanded. Public Law 98-243 has mandated that school districts provide remedial assistance to students who are having difficulties learning to read. School districts must provide a range of small group or individual instructional options in regular education, which vary in the duration, degree of individualization, and intensity to address the reading needs of all students. Only when a student does not respond to the tiers of intervention in regular education, should special education be considered. Special education provides the most intensive, specialized instruction, and, of necessity, involves long-term intervention.

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***For a student to be identified as having a learning disability in reading, the PPT team must be able to document that the child received appropriate classroom instruction, and intensive small group or individual instruction in his/her specific area of difficulty, and did not respond to the interventions provided. Documentation of continuous assessment, instructional interventions and progress must be provided to assist teams in evaluating whether lack of education is a factor.***

(In evaluating this criteria, please refer to the Increasing Capacity Section and the checklists in Appendix C of this publication.)

# Severe Discrepancy

Calculation of the difference between measures of intellectual ability and educational performance is required by the federal criteria for identifying a learning disability, and helps ensure some degree of consistency in decision making. It is one step in the decision-making process, and not the entire process (as elaborated upon in this document).

The choice of tests is determined by the PPT, and should be based on referral concerns and individual student characteristics. Since the law requires an individually designed evaluation and multiple sources of information, no one test or battery can be recommended in the guidelines.

**Intellectual ability:** Intellectual ability is generally measured by the full-scale standard score on an individually administered, norm-referenced IQ test. It is recommended that the Full-Scale Score be used for purposes of determining a severe discrepancy for most students. There may be occasions, however, when the PPT determines that one particular scale, such as a Verbal or Performance Scale more accurately reflects the student's academic potential. If this occurs, the PPT may substitute the particular scale for the full-scale score in determining a severe discrepancy. The PPT should document the rationale for making this exception in the multidisciplinary report.

**Educational Performance:** Educational performance refers to educational achievement, and should be evaluated by standardized assessments *and* by functional classroom/ curriculum-based assessments (e.g., CMT, DRP, running records, unit and theme tests). These assessments should be reviewed along with previous information from the intervention team to obtain a comprehensive picture of the student's learning strengths and weaknesses, including such factors as long-term retention and rate of learning. While only the standardized tests are used in the quantitative determination of the discrepancy, the other information is essential in obtaining a full understanding of the student's learning profile for purposes of eligibility and educational decision making.

**Severe discrepancy:** A severe discrepancy must exist between measured intellectual potential and measured educational performance.

- ✧ Standard scores, not grade equivalent scores, should be used to report performance and to calculate a discrepancy.

- ✧ In order to compute a discrepancy, the two instruments being compared must use the same type of standard scores. The usual convention is to use standard scores with a mean of 100 and a standard deviation of 15. (Instructions for converting other types of scores to this scale are provided in Appendix E.) Only instruments with a reliability of .70 or higher should be used for decision-making purposes, and reliability coefficients of .80 are preferable.

- ✧ In order to provide consistency and structure in identifying a learning disability, the use of a 1.6 standard deviation discrepancy between ability and achievement and the use of regression tables are recommended (See Appendix F).

- ✧ Regression to the mean is a statistical phenomenon that occurs when trying to predict academic performance from measured ability. A student's expected achievement level will not be identical to measured ability, but will "regress" in the direction of the general population mean (the farther from the mean, the greater the regression). If not accounted for, regression to the mean creates a bias against finding a severe discrepancy for students whose ability is below the mean, and a bias in favor of finding a severe discrepancy for students whose ability is above the mean. Appendix F should be used to determine when there is a severe discrepancy between an ability and achievement score.

- ✧ Caution is advised in making many comparisons between ability and achievement in order to indicate a severe discrepancy. The more comparisons that are made, the greater the likelihood that the required difference will be achieved by chance and not due to an actual discrepancy. The comparisons should be limited to those that are relevant to reported or suspected academic difficulties.

- ✧ The determination of a severe discrepancy cannot always be made on a strictly statistical basis. Professional judgment must be applied to an analysis of all available information.

- ✧ The existence of a severe discrepancy is not the sole criterion for identification. There must also be evidence of a processing disorder, and a determination must be made as to whether one or more of the exclusionary factors is the cause of the discrepancy. If exclusionary factors contribute to but do not fully account for the discrepancy, the team must apply professional judgment in interpreting the assessment findings to determine whether a processing disorder is the underlying cause of the significant discrepancy. The need to apply professional judgment should not, however, be regarded as an invitation to disregard the eligibility criteria or to fail to apply them in a rigorous manner.

# Evidence of a Processing Disorder

An essential criterion for the identification of learning disability is the presence of a processing disorder to which learning problems can be attributed. Processing disorders refer to the ways in which a student receives, stores, transforms, retrieves and expresses information.

When identifying a learning disability, there must be evidence that the student's academic deficits are related to deficiencies in basic psychological processes. Such processes, for example, may include memory, executive functions, visual-spatial, visual-motor, auditory, and phonological processing. Judgments based on the evaluations must establish the existence of processing deficits. Neither a neurological nor a neuropsychological evaluation examination is required for this purpose.

There is frequently considerable interconnection among the information processing components (Wagner, 1996; Mirsky, 1996). As a result, it may be difficult to relate a learning problem to one unique processing disorder. Further, the same learning problem might have different processing disorders as its source. **The team must document those aspects of processing that are deficient and how it is that they interfere with learning and achievement.**

- ✧ Identifying a processing deficit(s) involves finding a pattern of weaknesses across tasks and situations.
- ✧ Classroom performance, curriculum-based assessments, and observations during testing must be used to identify processing deficits and the kinds of errors made in order to assess processing deficits.
- ✧ The evaluator must identify a **significant weakness** (as defined in the test manual) on any major cluster/index/scale area on one of the individually administered IQ tests, cognitive tests, or other assessments that measure processing skills. Statistical tables must be used to determine when differences among subtests or among scales are significant (refer to test manuals and see Sattler, 1986).
- ✧ **The team must link the processing disorder to the achievement deficit area found previously to be severely discrepant with the child's intellectual ability.**

# Elimination of other Causes

The team *must not* identify a student as having a specific learning disability if the severe discrepancy between ability and achievement is primarily the result of:

- Lack of instruction in reading and math;
- Visual, hearing or motor impairments;
- Mental retardation;
- Emotional disturbance;
- Environmental, cultural or economic disadvantage;
- Limited English proficiency;
- Motivation; and
- Situational trauma.

## Disabilities and Other Impairments:

Although a learning disability may certainly occur concomitantly with other handicapping conditions, a student should be classified as learning disabled only when the learning disability is the student's primary problem.

- ✧ Students, who exhibit other disabilities, such as mental retardation, emotional disturbance, blindness, visual impairments, deafness, hearing impairment or motor disabilities, should be classified according to the primary handicap. The PPT must decide which disability is primary and which is secondary.

- ✧ In determining which is primary and which is secondary, the PPT should consider how the student is functioning with respect to the general curriculum and determine how the disabilities are impacting the student's ability to participate and progress in the general curriculum. Whichever disability is creating the greatest impact on that student's achievement should be considered the primary disability.

- ✧ If medical conditions like an attention-deficit and hyperactivity disorder are present, the team needs to consider the impact or causation these conditions have on the student's learning problem. Identifying a student as learning disabled because the student is ADHD is an inappropriate identification. At times a student may be ADHD and also meet the criteria for learning disabilities. In these situations the PPT must decide whether other health impaired or learning disabled is primary.

## Environmental, Cultural, or Economic Disadvantage:

If the learning problem is primarily the result of environmental, cultural or economic disadvantage, the student must not be identified as having a learning disability. Although circumstances associated with environmental and economic disadvantage (e.g., lack of appropriate prenatal care, nutritional deficits, ingestion of lead-based paint) may serve to increase the risk of neurological deviations in some children, and present a corresponding increase in the likelihood of later having a learning disability, one cannot assume that one condition follows as a consequence of the other. Examples of environmental, cultural, or economic disadvantage that might impact on the academic achievement for reasons other than having a learning disability, might include being hungry, tired, upset, unprepared for class, frequently absent, or lacking previous exposure to language, literature and a broad range of experiences.

The primary concern is that students are not misidentified as learning disabled due to life situations. Learning problems due to environmental, cultural, or economic disadvantage do not necessarily constitute a disability. These problems do, however, require attention and intervention, and should be addressed through regular education interventions, supports and services. In a unified service delivery model, pupil services staff may be involved.

## Limited English Proficiency:

Students who are evaluated while they are still involved in the developmental process of learning English as a second language may appear to have a learning or language disability (Cummins, 1984; Ratner and Harris, 1994). It is important to recognize that the learning problems may be due to the normal developmental stages of second language acquisition rather than due to a learning disability. Research suggests that, even when a student has become conversationally fluent in his/her second language, it may take five to seven years for the conceptual skills in the second language to develop sufficiently to handle the higher level cognitive skills required in school learning (Moore and Beatty, 1995). Caution is therefore advised when considering identifying a student with limited English proficiency as disabled.

Assessments for students with limited English proficiency *must* be conducted in the student's native language. The ideal assessment would include evaluating the student's intellectual, academic and processing skills in both languages. As professionals gather information, they need to consider the student's previous and current:

- ✧ exposure to English;
- ✧ use of first language;
- ✧ instruction in English and first language;
- ✧ exposure to other language(s);
- ✧ instruction in other language(s); and
- ✧ developmental stage of learning English and first language.

If the student has not continued to receive instruction in his/her first language while learning English, the team must exercise caution when interpreting test results, even when they have been administered in the student's first language. Some students, for example, have poor test results in their native language, not because of a learning disability, but as a result of a loss in the cognitive development of their first language. Professionals who have extensive experience working with learners of a second language should assist the team to analyze and synthesize the test data of students whose second language is English. Given the fact that appropriately normed instruments may not be available, professional judgement must be used based on all available information.

## Motivation:

Students should *not* be classified as learning disabled if their poor performance is due to poor motivation. When considering the presence of a learning disability, the team should look for evidence that the student is motivated to learn. This evidence should be based on the observations of several competent professionals who have worked with the child, and who have assessed whether the student:

- ✧ has been and is still willing to try;
- ✧ is serious about school; and
- ✧ seeks help in doing assignments, etc.

Poorly motivated students, otherwise capable of learning and performing up to potential, frequently do not do so because of extraneous factors which diminish motivation (e.g., insufficient challenges at school, personal problems, problems at home, alcohol or drug use, indifferent or inflexible teaching styles). If any of these situations are occurring, school personnel should respond through regular education, using intervention/teacher assistance team strategies, and pupil services involvement, as needed. It is essential to be as proactive as possible with poorly motivated students as these students may be at risk for discipline problems and/or dropping out of school in the future.

There are also those students whose motivation to learn is impaired by repeated failure. The presence of a low level of motivation must be given serious consideration before a diagnosis of learning disabilities is reached. When failure to learn is due to extraneous factors impairing motivation, caution should be exercised before concluding that the student has a learning disability. However, when a student's lack of motivation is due primarily to repeated failure despite adequate effort, the PPT should explore the possibility of a learning disability.

### Situational Trauma:

The social history and current life situation of a student should reveal no unusual circumstances that could account for poor scholastic achievement. A student's attitude toward learning can be affected dramatically by family trauma, such as death, divorce, separation or even relocation. Such stress often produces symptoms such as poor memory and daydreaming, and could erroneously lead one to suspect the presence of a learning disability.

In order to ascertain the possibility of a situational trauma, professionals should obtain a comprehensive social history of a student who is being evaluated for a learning disability. The team needs to gather information to identify factors that may influence a student's attentiveness and attitude toward learning which may include:

- ✧ family trauma;
- ✧ recent family moves or lifestyle changes;
- ✧ deaths or serious illness of close family members; and
- ✧ other situations which could create stress or emotional upset.

## Needs Special Education

A student is not considered to have a disability under IDEA or the Connecticut General Statutes unless the student needs special education instruction. Therefore, in addition to meeting all of the previous criteria, in order for a student to be eligible for services under IDEA, the team must determine that "the discrepancy between achievement and ability is not correctable without special education and related services" (Section 300.543(a)(6)).

Before determining eligibility, the team must answer the following questions:

1. Has the student received the appropriate instruction described in the Increasing Capacity Section of these guidelines?

2. Can the discrepancy between achievement and ability be corrected through regular education accommodations or services?

# Worksheet for Determining Eligibility

The student *must* meet all of the criteria listed in the chart in order to be eligible for special education services due to a learning disability.

| **II. CRITERIA** | | | CRITERIA MET | |
|---|---|---|---|---|
| | | | **YES** | **NO** |
| 1. Does a severe discrepancy exist between ability and achievement? If yes, indicate which area(s) below: *[Note: At least one area must be identified.]*<br>☐ listening comprehension ☐ reading comprehension ☐ basic reading skills<br>☐ oral expression ☐ written expression ☐ mathematics calculation<br>☐ mathematics reasoning | | | ❇ | |
| 2. Has a disorder in one of the basic psychological processes in understanding or in using spoken or written language been identified? | | | ✦ | |
| 3. (a) Severe discrepancy is *primarily* due to: | YES | NO | *Note: If all of the (✓)s are in the NO column, then the student meets the criteria for #3.* | |
| a. Lack of instruction in reading and math (*Based on Reading and Math Worksheets)* | | | | |
| b. Visual, hearing or motor impairments | | | | |
| c. Mental retardation | | | | |
| d. Emotional disturbance | | | | |
| e. Environmental, cultural or economic disadvantage | | | | |
| f. Limited English proficiency | | | | |
| g. Motivation | | | | |
| h. Situational Trauma | | | | |
| 3. (b) Has **NO** been (✓)'d for *all* items in #3 (a) above (a-h)? | | | | |
| 4. Are special education and related services required to correct the severe discrepancy identified in #1? | | | | |

❇ Criteria #1: If the severe discrepancy exists, but is not evident in the standardized tests, provide rationale for using clinical judgment.

_____

_____

_____

✦ Criteria #2: If a processing disorder(s) exists, how does it relate to the area(s) of academic concern?

_____

_____

_____

# Eligibility Considerations for Young Children

One of the goals of the State Department of Education and the revised *Guidelines for Identifying Students with Learning Disabilities* is to increase the capacity of the entire educational system to better meet the needs of *all* students. It is essential for young children to receive the academic assistance that they need without having to risk being labeled inappropriately. Therefore, when considering identifying young children (prior to the age of eight) as having a learning disability it is critical that teams be aware of the following factors:

1. Wide variability in rates and patterns of maturation, development, and learning are typical in early childhood (NJCLD, 1986). Developmental differences in learning that resolve with maturation are difficult to distinguish from enduring academic or processing problems that require specialized instruction and programs. Therefore, it is essential that potential weaknesses are identified as early as possible, and that appropriate instruction and interventions are provided through regular education immediately.

2. Children begin school with great variability in their exposure to important foundation skills for reading (e.g., oral language, experience with print and book-handling skills, phonological awareness, and knowledge of basic concepts and numbers). In preschool, kindergarten and first grade, in particular, limited experience in a classroom setting makes it difficult to document patterns of specific learning problems or persistent failure to profit from adequate instruction.

3. The use of standardized tests of intelligence and academic achievement for ability-achievement discrepancy analysis must be interpreted cautiously with young children. IQ scores have limited stability in children below the age of 5 or 6 years, and measures of academic achievement often include too few items to yield meaningful and reliable results.

# Eligibility Considerations of Students with High Ability

Large differences between ability and achievement scores commonly occur for students in the above average range. Therefore, when identifying a severe discrepancy, the team should assure that the statistical data used to determine a severe discrepancy has been adjusted for regression to the mean and measurement error. As noted earlier, the existence of a disability is not the sole requirement for eligibility. If a student who is functioning at or above grade level meets the criteria for having a learning disability, the next critical question is whether the student needs special education and related services.

**The following issues should be considered when making this determination:**

- ✧ For some students of high ability who have a learning disability, the severity of the discrepancy may be corrected through regular education accommodations or services; and
- ✧ Some students of high ability who have a learning disabilities may be spending extraordinary amounts of time and effort, or may be receiving substantial in- and out-of-school assistance, to achieve success in the classroom. For such students, special education services may be appropriate.

# Reevaluation of Students with Learning Disabilities

Each student receiving special education and related services must be reevaluated at least once every three years. A reevaluation may be conducted sooner than the three-year interval on the request of the student's parent or teacher. Parental consent to conduct the reevaluation must be obtained unless the district can demonstrate that it has taken reasonable measures to obtain consent and the student's parent has failed to respond.

## The purpose of the reevaluation is to determine:

- ✧ present levels of performance and educational needs;
- ✧ whether the student continues to have a learning disability;
- ✧ whether the student continues to need special education and related services; and
- ✧ whether any additions or modifications are needed to enable the student to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum.

The reevaluation of a student with a learning disability is designed and conducted by the multidisciplinary team using procedures that are consistent with the statutory and regulatory requirements of reevaluation. The team must review existing data to determine whether the information is sufficient to address the purpose of a reevaluation. If it is determined that existing evaluation data is sufficient to address these points, the administration of standardized assessments is not necessary. If the team determines that the existing information is not sufficient, the members must determine what additional data is needed.

The team may find that the severe discrepancy in a student with a learning disability has been reduced due to the special education interventions. If the team believes the severe discrepancy between ability and achievement would simply re-occur if services were to be terminated, the student should continue to be classified as learning disabled.

The following factors that enabled the student to progress in the regular education curriculum must be considered when making this decision regarding continued eligibility:

- ✧ The duration of special education and related services;
- ✧ The amount of time per day and per week of these services;
- ✧ The specialization of instruction; and
- ✧ The degree of involvement of the service provider(s)

# Recommended Practices for Consistent Identification

**Section 5**

The field of learning disabilities has been subject to significant criticism due to inconsistencies in the process of identification. Connecticut, like other states in the nation, has reported wide variations in prevalence rates. Identification rates within Connecticut districts vary from a low of 2.6 percent to a high of 18.5 percent of a district's total K-12 school population (1997 Prevalence Rates in CT, 1998).

Due to the issues of definition described in the first section of these guidelines, consistency in the identification of a learning disability from school to school, and district to district, has been very difficult to achieve. An important goal in developing the *Guidelines for Identifying Students with Learning Disabilities* is to assist local school districts in achieving significantly more consistency than presently exists. Districts can achieve this goal by strictly adhering to the guidelines described in the previous sections of this document, and by following recommended practices described below.

## Self-Evaluation of Capacity

School districts have an ethical responsibility to avoid identifying a student as having a learning disability when, in fact, it may be the system that is failing the student. While special education affords an eligible student specific legal rights that assure a free appropriate public school education, it also results in labeling which may create a stigma for the student. Mislabeling can lead to poor self-esteem, reduced peer interaction and, possibly, limit the student's access to otherwise appropriate general education opportunities in order for the student to receive special education and related services.

The Increasing Capacity Section of these *Guidelines* outlines structures that should be in place in all Connecticut school districts to address all students' needs. These structures are intended to ensure that students receive supports in regular education necessary to meet with academic success. By having such supports in place, the district minimizes the possibilities of identifying a student with a learning disability who is failing in school due to extrinsic, rather than intrinsic, factors. Consistency in identification is a natural result of having the appropriate regular education structures in place.

Local district administrators are encouraged to meet with the appropriate personnel to conduct an internal self-evaluation to determine which structures are already in place, to identify areas of need, and to develop an action plan to meet those needs.

## District Analysis of Available Data

The Bureau of Special Education and Pupil Services provides each district with an annual profile of its special education data based on the previous year's December 1 Child Count. Districts can compare the identification rates within each of their schools, within their district as a whole, and with state averages. Additional in depth data is also available that allows districts to examine their population of students identified as having learning disabilities. This population can be looked at within the district and at the building level, by gender, ethnicity, English language proficiency, grade, age, hours of service, amount of time with non-disabled peers, and location of service. Districts are strongly encouraged to access and use this data to ascertain trends and inconsistencies that can provide a basis for professional development, school improvement plans, and procedural practices.

## Case Reviews and Clinical Conferencing

Each district will be more successful in developing consistency in its identification of students with learning disabilities if opportunities are regularly provided for its evaluators to dialogue with each other about identification issues. The case review and clinical conferencing processes provide excellent vehicles for professionals to discuss their application of these guidelines in determining eligibility. Such discussions and reflection can promote a common understanding and consistent decision making within the district. Providing opportunities for teams of evaluators from several districts to engage in these kinds of dialogues would be extremely useful in promoting statewide consistency.

## Core Assessments

Evaluations for a student suspected of having a disability must be designed on an individual basis. It is appropriate, nevertheless, for a district to identify a core battery of assessments that the evaluation team will use and modify based on the individual needs of the student. Modifications of the core assessment may include substituting different tests, adding to the core battery, and eliminating selected tests based on the professional judgement of the multidisciplinary team and the evaluators. The use of a core assessment framework can facilitate training and dialogue around identification issues.

## Core Diagnostic Team

Identifying a learning disability is a complex process that requires a broad knowledge base, competent diagnostic skills, and a depth of experience. Professionals who excel in other areas, such as teaching or counseling, may or may not be effective diagnosticians, as well. In order to promote the consistent and appropriate identification of children with learning disabilities, each district is encouraged to identify those members of their staff who are qualified and skilled in the areas of teaching strategies, curriculum and diagnostics, and to develop a team or teams of specialists.

There are a variety of models that districts might explore as they consider putting together one or more diagnostic teams. Districts, for example, may want to develop diagnostic teams that travel from building to building to do testing recommended by the PPT. An alternative may be to develop a team of diagnostic experts whose members are available to consult with school teams on difficult cases. Some districts already have educational diagnosticians or academic evaluators who travel from building to building, and

work with several different psychologists and speech and language clinicians. These professionals become experts in evaluating and recommending alternative interventions, curriculum-based and standardized testing, and in interpreting and integrating the test data and relevant information from a variety of sources.

**A core diagnostic team would not replace the need for a well-qualified building team that provides a comprehensive range of supports and services within the school.**

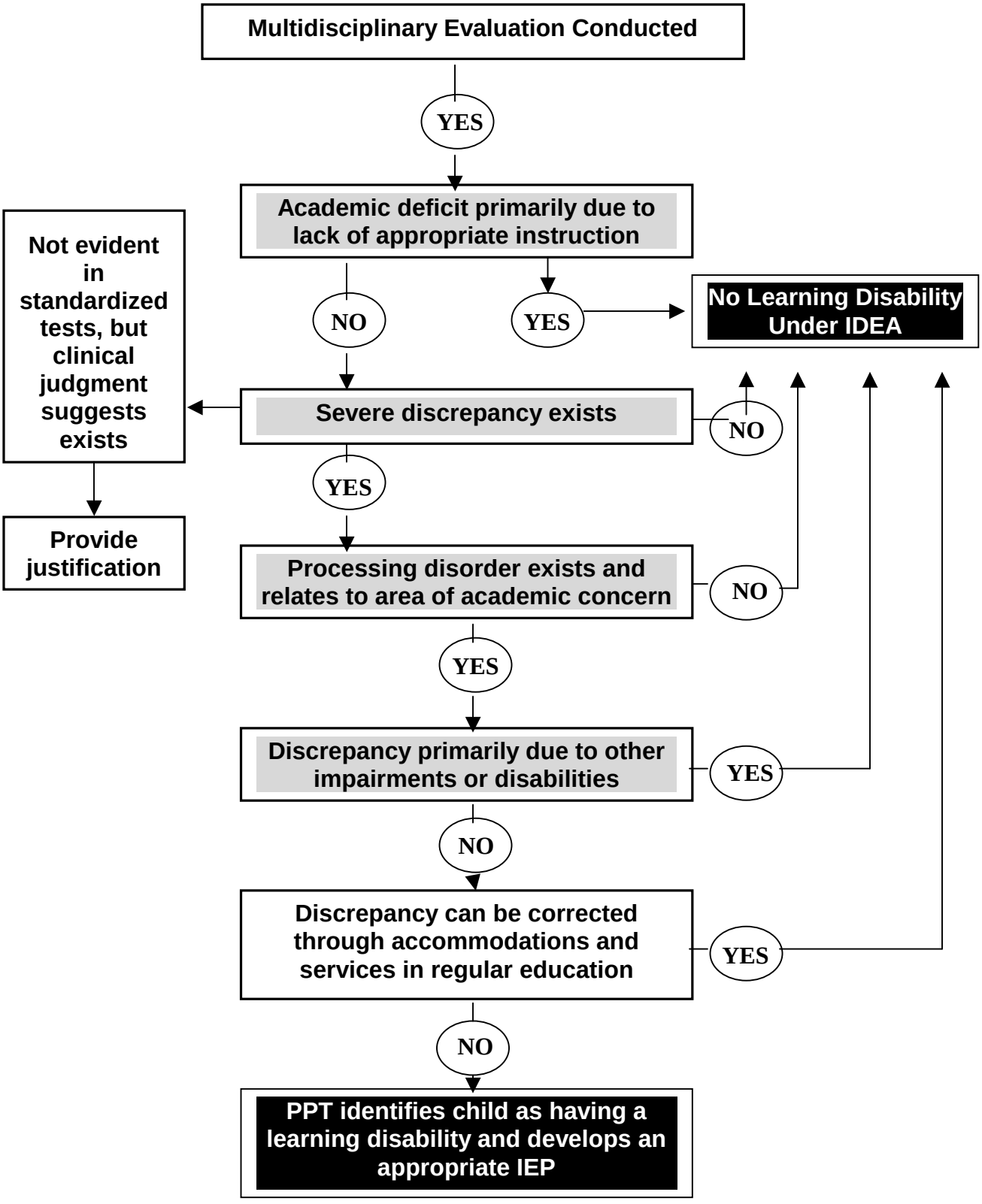
# Uniform Professional Development Opportunities

Training school personnel together on topics of critical importance might be helpful in promoting more consistent application of these guidelines. Such training forums would provide staff with an opportunity to discuss the information, to hear each other's questions, and to reach agreement on how to translate the information into practice. Since questions and concerns will undoubtedly arise during the implementation of these guidelines, consideration should be given to providing the staff with on-going opportunities for dialogue, as a group. These meetings can also be used to evaluate new information, received through sources such as articles, books or conferences, for consistency with the present guidelines.

# Appendix A

## Decision-Making Process for the Identification of a Learning Disability under IDEA

# *Decision Making Process for the Identification of a Learning Disability Under IDEA*



# Appendix B

## Multidisciplinary Evaluation Report for Students Suspected of Having a Learning Disability

# [Insert Name] Public Schools

## Multidisciplinary Evaluation Report
### for Students Suspected of Having a Learning Disability

Student:_____ Date of Birth: _____ Grade: _____

School:_____ Date of Report: _____

The following information must be reviewed by the Planning and Placement Team and documented in the appropriate spaces.

## 1. EVALUATION REQUIREMENTS

**A. Alternative strategies:** Implementors(s):

_____

| **Strategies** *[Attach additional information, including math and reading worksheets, as appropriate]* | **Results** | **Dates** [*To/From]* |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**B. Parental Input:** _____

**C. Educationally relevant medical findings, if any:** _____

**D. Regular Classroom Observation:**

Academic activity(ies): _____ Date(s): _____

Observer(s) [team member(s) other than student's regular teacher]: _____

Behavior observed and the relationship to academic functioning: _____

**E. Assessment information:**

| Assessment | Evaluator (Name and Title) |
|---|---|
| | |
| | |
| | |
| | |
| | |

-over-

| II. CRITERIA | CRITERIA MET | |
|---|---|---|
| | YES | NO |
| 1. Does a severe discrepancy exist between ability and achievement? If yes, indicate which area(s) below: *[Note: at least one area must be identified]*<br>☐ listening comprehension ☐ reading comprehension ☐ basic reading skills ☐ oral expression<br>☐ written expression ☐ mathematics calculation ☐ mathematics reasoning | ❇ | |
| 2. Has a disorder in one of the basic psychological processes in understanding or in using spoken or written language been identified? | ✦ | |

| 3. (a) Severe discrepancy is *primarily* due to: | YES | NO |
|---|---|---|
| a. Lack of instruction in reading and math ▲ *(Based on Math and Reading Worksheets)* | | |
| b. Visual, hearing or motor impairments | | |
| c. Mental retardation | | |
| d. Emotional disturbance | | |
| e. Environmental, cultural or economic disadvantage | | |
| f. Limited English proficiency | | |
| g. Motivation | | |
| h. Situational Trauma | | |

*Note: If all of the (✓)s are in the NO column, then the student meets the criteria for #3.*

| | | |
|---|---|---|
| 3. (b) Has **NO** been (✓)'d for **all** items in #3 above (a-h)? | | |
| 4. Are special education and related services required to correct the severe discrepancy identified in #1? | | |

❇ **Criteria #1:** If the severe discrepancy exists, but is not evident in the standardized tests, provide rationale for using clinical judgment**.**

_____

_____

_____

✦**Criteria #2:** If a processing disorder(s) exists, how does it relate to the area(s) of academic concern?

_____

_____

_____

▲**Criteria #3a:** ☐ Math and/or Reading Worksheets are attached, (unless math or reading is not an area of weakness)

**The Planning and Placement Team has reviewed the information presented and has made the determination that the student has a learning disability and requires special education :** ☐ **YES (all 4 criteria have been met)** ☐ **NO**

Each team member shall certify in writing that this report reflects her/his conclusion (**Bold** means required).

SIGNATURE

_____
_____
_____
_____
_____
_____

TITLE

**Regular Education Teacher**
**Examiner/special education instruction**
**Examiner/pupil personnel services**
**Administrator**
Other _____
Other _____

**If this report does not reflect a team member's conclusion s/he must indicate below her/his reasons and conclusion.**

Name _____ Title _____ Signature _____

Reason(s) and conclusion: _____

_____

_____

# Appendix C

## Reading and Math Worksheets

# Reading Instruction Worksheet

(For the Identification of a Learning Disability)

Student Name:_____ Date:_____

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects reading.
*(All boxes must be checked with appropriate documentation provided.)*

## 1. Intervention/Teacher Assistance Team

☐ Alternative strategies have been implemented, and student has not made adequate progress.

**Source of Evidence:** (Attach Intervention/Assistance Team information or complete chart)

| **Strategies** | **Results** | **Dates** (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 2. Whole Group Language Arts Instruction

☐ Student has participated in daily whole group reading/language arts instruction provided by the classroom teacher.

**Description** (e.g., Read alouds, shared reading, literature think-alouds, comprehension strategies):

_____

_____

## 3. Continuous Assessment

☐ Continuous assessment has been done to provide a basis for instructional decisions.

**Source of Evidence:**

| **Assessment** (running records, sight word lists, retellings) | **Skills/Competencies Targeted** Based on Assessment | **Dates** (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 4. Small Group Instruction by General Education Teacher

☐ Student has participated in small group reading instruction by classroom teacher (with materials on his/her instructional level) for a minimum of four days per week. *

**Description:**

_____

_____

_____

_____

## 5. Intervention (by another professional knowledgeable in reading instruction)

☐ In addition to above, student has received small group or individual instruction based on assessed strengths and needs, for a minimum of four days per week, and under the direction of a person knowledgeable in reading instruction, (documentation indicating frequency, duration and type of instruction must be attached). *

If decoding skills are weak, child has been provided with:

- ☐ Explicit small group phonemic awareness instruction
- ☐ Explicit small group or individualized multisensory code-based instruction
- ☐ Explicit synthetic phonics instruction (part-to-whole)
- ☐ Explicit analytic phonics instruction (whole- to-part)
- ☐ Small group or individualized literature-based instruction that includes semantic and syntactic cues
- ☐ Daily fluency practice provided daily in decodable texts, as well as in rich and interesting texts at students independent reading level
- ☐ Daily opportunities to write, utilizing skills emphasized in lesson

If comprehension skills are weak, child has been provided with:

- ☐ Authentic and interesting texts for instruction
- ☐ Explicit small group or individualized instruction in active reading and comprehension strategies, which includes semantic, graphophonic and syntactic cue systems
- ☐ Vocabulary building
- ☐ Daily opportunities to write, using higher-order thinking skills

(* Numbers 4 and 5 may be combined for middle school and high school students three to four days/week)

_____ _____

**(Teacher signature)** **(Date)**

_____ _____

**(Signature of person(s) responsible for item #5)** **(Date)**

# Math Instruction Worksheet

(For the Identification of a Learning Disability)

Student Name:_____ Date:_____

This checklist must be completed for all elementary, middle, and high school students who have been referred to special education due to a suspected learning disability that affects math.

*(All boxes must be checked with appropriate documentation provided.)*

## 1. Intervention/Teacher Assistance Team:

☐ Alternative strategies have been implemented, and student has not made adequate progress.

**Source of Evidence:** (Attach Intervention/Assistance Team information or complete chart)

| **Strategies** | **Results** | **Dates** (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 2. Continuous Assessment

☐ Continuous assessment has been done, and has provided a basis for instructional decisions.

**Source of Evidence:**

| **Assessment** (curriculum-based assessments, diagnostic teaching) | **Skills/Competencies Targeted** Based on Instruction | **Dates** (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## 3. Technology Available

☐ Appropriate technology (e.g., calculator, computer) has been made available, as needed.

**Description:**

_____

_____

_____

## 4. Opportunities for Practice

☐ Student has been provided with regular opportunities for both guided and independent practice.

**Description:**

_____

_____

_____

_____

## 5. Classroom Curriculum/Instruction

☐ Classroom instruction has incorporated "real world" examples as well as student's personal experiences and language.

**Description:**

_____

_____

_____

_____

## 6. Concrete to Abstract

☐ Instruction has included the extensive use of manipulative materials to foster the development of abstract concepts.

**Description:**

_____

_____

_____

_____

## 7. Intervention

☐ Student has been provided with individual or small group direct instruction to re-teach weak skills.

**Description:**

| **Interventions** | **Results** | **Dates** (To/From) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

_____ _____

**(Teacher Signature)** **(Date)**

- # Appendix D

## PPT Membership

# Planning and Placement Team Membership for Evaluating a Student Suspected of Having a Learning Disability

The Planning and Placement Team membership must include, the following team of people:

1. The **parents**;
2. At least one **regular education teacher of the child,** or, if the child does not have a regular teacher, a regular classroom teacher qualified to teach a child of his/her age; or for a child of less than school age, an individual qualified by the state to teach a child of his or her age.
3. At least one **special education teacher**, or if appropriate, at least one special education provider of the child;
4. An **administrator or administrative designee**, either who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general curriculum and is knowledgeable about the availability of resources of the district;
5. An **individual who is qualified to conduct individual diagnostic examinations** of children, such as a school psychologist, speech-language pathologist, or remedial reading teacher
6. An **individual who can interpret the instructional implications** of evaluation results, who may be any of the members listed in items 2-4 above;
7. A **pupil services representative**, who may be the person listed in item 5 or 6 above who is certified or licensed in the area of school social work services, school psychological services, school speech and hearing services, school guidance and counseling services or school health services;
8. **Other individuals** who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
9. **The child**, if appropriate.

In addressing the composition at the PPT, as noted above, the school district shall include certified and/or licensed professionals, who represent each of the teaching, administrative and pupil personnel staffs and who participate equally in the decision making process to determine the specific educational needs of the child. These should be persons knowledgeable in the areas necessary to determine and review the appropriate education program for the child with a disability. The administrative representative should be a person, other than the child's teacher who is qualified to provide or supervise the provision of special education.

- # Appendix E

## Conversion of Standard Scores

# Conversion of Standard Scores to a Mean of 100 and a Standard Deviation of 15

Scores that are based upon normal curve distributions can be converted from one standard score type to another. This includes T scores (mean of 50, standard deviation of 10), z scores (mean of 0, standard deviation of 1), and other variations (e.g., mean of 50 and standard deviation of 16, as used with Standard Binet Fourth Edition composite scales). Percentiles and stanines can not be converted to standard scores.

The following formula is used to convert scores to a scale with a mean of 100 and standard deviation of 15:

Where $X_{old}$ = score on old scale

$M_{old}$ = mean of old scale

$SD_{old}$ = standard deviation of old scale

$$\left( \frac{X_{old} - M_{old}}{SD_{old}} \right) \quad 15 + 100 = \text{new standard score}$$

Example A.

The Stanford Binet Fourth Edition test composite is based on a mean of 100 and standard deviation of 16. The student obtains a test composite score of 64.

$$\left( \frac{64 - 100}{16} \right) \quad 15 + 100 = 66.25$$

Example B.

The Basic Number Skills subtest of the Differential Ability Scales uses T scores, with a mean of 50 and standard deviation of 10. The student obtains a T score of 52 on Basic Number Skills.

$$\left( \frac{52 - 50}{10} \right) \quad 15 + 100 = 103$$

- # Appendix F

## Standard Score Regression Table

# Standard Score Regression Table

This table shows the cutoff scores that must be obtained on achievement measures, when compared to intellectual ability measures, in order to establish a severe discrepancy.

The scores on the intellectual ability measure, ranging from 70 to 150, are listed along the left-hand column. The values listed along the top row of the chart, ranging from .35 to .85, represent the correlations between the ability test (or scale) and the achievement test. The internal numbers are cutoff scores on the achievement measures that are necessary to establish a severe discrepancy. Here is how to use the chart:

1. Determine which ability and achievement test scores are to be compared, as per the recommendations in these guidelines. Note that both scores must be in the form of standard scores scaled with a mean of 100 and standard deviation of 15. See Appendix E for instructions on converting scores to this form.

2. To find correlations between tests, consult test manuals for validity studies or refer to the published literature. If the correlation between the tests is unknown, use the .55 column. Keep in mind that there may be more than one validity study yielding correlations between a given ability test and achievement test, especially for commonly used measures. It is best to use correlational data from studies with larger samples, and from studies which include children of the same age, demographic, and educational characteristics as the evaluated student.

3. Determine what ability score is best representative of overall cognitive ability. As a rule, this will be the total composite, or full scale, score.

4. Cross-index to find the number in the chart corresponding to the IQ score along the left-hand column and the correlation along the top row. The achievement test score must be at or below this number to establish a severe discrepancy.

As an example, a student obtains a K-ABC Mental Composite score of 120 and an overall score of 98 on the Key Math test. The correlation between the K-ABC Mental Composite score and the Key Math overall score is .67. Therefore, the .65 column will be used. The intersection between the 120 row and the .65 column is a score of 94. The Key Math score obtained by the student (98) is not low enough to constitute a severe discrepancy.

## Achievement Score Cutoffs for Establishing a Severe Discrepancy between Ability and Achievement

Correlations Between Intellectual and Achievement Measures

| I.Q. | .35 | .40 | .45 | .50 | .55 | .60 | .65 | .70 | .75 | .80 | .85 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 150 | 94 | 97 | 100 | 103 | 106 | 110 | 113 | 117 | 121 | 125 | 129 |
| 149 | 94 | 96 | 100 | 103 | 106 | 109 | 113 | 116 | 120 | 124 | 128 |
| 148 | 93 | 96 | 99 | 102 | 105 | 109 | 112 | 115 | 119 | 123 | 127 |
| 147 | 93 | 96 | 99 | 102 | 105 | 108 | 111 | 115 | 118 | 122 | 126 |
| 146 | 92 | 95 | 98 | 101 | 104 | 107 | 111 | 114 | 118 | 121 | 126 |
| 145 | 92 | 95 | 98 | 101 | 104 | 107 | 110 | 113 | 117 | 121 | 125 |
| 144 | 92 | 94 | 97 | 100 | 103 | 106 | 109 | 113 | 116 | 120 | 124 |
| 143 | 91 | 94 | 97 | 100 | 103 | 106 | 109 | 112 | 115 | 119 | 123 |
| 142 | 91 | 94 | 96 | 99 | 102 | 105 | 108 | 111 | 115 | 118 | 122 |
| 141 | 91 | 93 | 96 | 99 | 101 | 104 | 107 | 111 | 114 | 117 | 121 |
| 140 | 90 | 93 | 95 | 98 | 101 | 104 | 107 | 110 | 113 | 117 | 121 |
| 139 | 90 | 92 | 95 | 98 | 100 | 103 | 106 | 109 | 112 | 116 | 120 |
| 138 | 90 | 92 | 95 | 97 | 100 | 103 | 105 | 108 | 112 | 115 | 119 |
| 137 | 89 | 92 | 94 | 97 | 99 | 102 | 105 | 108 | 111 | 114 | 118 |
| 136 | 89 | 91 | 94 | 96 | 99 | 101 | 104 | 107 | 110 | 113 | 117 |
| 135 | 89 | 91 | 93 | 96 | 98 | 101 | 103 | 106 | 109 | 113 | 116 |
| 134 | 88 | 90 | 93 | 95 | 98 | 100 | 103 | 106 | 109 | 112 | 115 |

## Achievement Score Cutoffs for Establishing a Severe Discrepancy between Ability and Achievement

Correlations Between Intellectual and Achievement Measures

| I.Q. | .35 | .40 | .45 | .50 | .55 | .60 | .65 | .70 | .75 | .80 | .85 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 133 | 88 | 90 | 92 | 95 | 97 | 100 | 102 | 105 | 108 | 111 | 115 |
| 132 | 88 | 90 | 92 | 94 | 96 | 99 | 102 | 104 | 107 | 110 | 114 |
| 131 | 87 | 89 | 91 | 94 | 96 | 98 | 101 | 104 | 106 | 109 | 113 |
| 130 | 87 | 89 | 91 | 93 | 95 | 98 | 100 | 103 | 106 | 109 | 112 |
| 129 | 87 | 88 | 91 | 93 | 95 | 97 | 100 | 102 | 105 | 108 | 111 |
| 128 | 86 | 88 | 90 | 92 | 94 | 97 | 99 | 101 | 104 | 107 | 110 |
| 127 | 86 | 88 | 90 | 92 | 94 | 96 | 98 | 101 | 103 | 106 | 109 |
| 126 | 85 | 87 | 89 | 91 | 93 | 95 | 98 | 100 | 103 | 105 | 109 |
| 125 | 85 | 87 | 89 | 91 | 93 | 95 | 97 | 99 | 102 | 105 | 108 |
| 124 | 85 | 86 | 88 | 90 | 92 | 94 | 96 | 99 | 101 | 104 | 107 |
| 123 | 84 | 86 | 88 | 90 | 92 | 94 | 96 | 98 | 100 | 103 | 106 |
| 122 | 84 | 86 | 87 | 89 | 91 | 93 | 95 | 97 | 100 | 102 | 105 |
| 121 | 84 | 85 | 87 | 89 | 90 | 92 | 94 | 97 | 99 | 101 | 104 |
| 120 | 83 | 85 | 86 | 88 | 90 | 92 | 94 | 96 | 98 | 101 | 104 |
| 119 | 83 | 84 | 86 | 88 | 89 | 91 | 93 | 95 | 97 | 100 | 103 |
| 118 | 83 | 84 | 86 | 87 | 89 | 91 | 92 | 94 | 97 | 99 | 102 |
| 117 | 82 | 84 | 85 | 87 | 88 | 90 | 92 | 94 | 96 | 98 | 101 |
| 116 | 82 | 83 | 85 | 86 | 88 | 89 | 91 | 93 | 95 | 97 | 100 |
| 115 | 82 | 83 | 84 | 85 | 87 | 89 | 90 | 92 | 94 | 97 | 99 |

## Achievement Score Cutoffs for Establishing a Severe Discrepancy between Ability and Achievement

Correlations Between Intellectual and Achievement Measures

| I.Q. | .35 | .40 | .45 | .50 | .55 | .60 | .65 | .70 | .75 | .80 | .85 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 114 | 81 | 82 | 84 | 85 | 87 | 88 | 90 | 92 | 94 | 96 | 98 |
| 113 | 81 | 82 | 83 | 85 | 86 | 88 | 89 | 91 | 93 | 95 | 98 |
| 112 | 81 | 82 | 83 | 84 | 85 | 87 | 89 | 90 | 92 | 94 | 97 |
| 111 | 80 | 81 | 82 | 84 | 85 | 86 | 88 | 90 | 91 | 93 | 96 |
| 110 | 80 | 81 | 82 | 83 | 84 | 86 | 87 | 89 | 91 | 93 | 95 |
| 109 | 80 | 80 | 82 | 83 | 84 | 85 | 87 | 88 | 90 | 92 | 94 |
| 108 | 79 | 80 | 81 | 82 | 83 | 85 | 86 | 87 | 89 | 91 | 93 |
| 107 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 87 | 88 | 90 | 92 |
| 106 | 78 | 79 | 80 | 81 | 82 | 83 | 85 | 86 | 88 | 89 | 92 |
| 105 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 87 | 89 | 91 |
| 104 | 78 | 78 | 79 | 80 | 81 | 82 | 83 | 85 | 86 | 88 | 90 |
| 103 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 87 | 89 |
| 102 | 77 | 78 | 78 | 79 | 80 | 81 | 82 | 83 | 85 | 86 | 88 |
| 101 | 77 | 77 | 78 | 79 | 79 | 80 | 81 | 83 | 84 | 85 | 87 |
| 100 | 76 | 77 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 85 | 87 |
| 99 | 76 | 76 | 77 | 78 | 78 | 79 | 80 | 81 | 82 | 84 | 86 |
| 98 | 76 | 76 | 77 | 77 | 78 | 79 | 79 | 80 | 82 | 83 | 85 |
| 97 | 75 | 76 | 76 | 77 | 77 | 78 | 79 | 80 | 81 | 82 | 84 |
| 96 | 75 | 75 | 76 | 76 | 77 | 77 | 78 | 79 | 80 | 81 | 83 |

## Achievement Score Cutoffs for Establishing a Severe Discrepancy between Ability and Achievement

Correlations Between Intellectual and Achievement Measures

| I.Q. | .35 | .40 | .45 | .50 | .55 | .60 | .65 | .70 | .75 | .80 | .85 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 95 | 75 | 75 | 75 | 76 | 76 | 77 | 77 | 78 | 79 | 81 | 82 |
| 94 | 74 | 74 | 75 | 75 | 76 | 76 | 77 | 78 | 79 | 80 | 81 |
| 93 | 74 | 74 | 74 | 75 | 75 | 76 | 76 | 77 | 78 | 79 | 81 |
| 92 | 74 | 74 | 74 | 74 | 74 | 75 | 76 | 76 | 77 | 78 | 80 |
| 91 | 73 | 73 | 73 | 74 | 74 | 74 | 75 | 76 | 76 | 77 | 79 |
| 90 | 73 | 73 | 73 | 73 | 73 | 74 | 74 | 75 | 76 | 77 | 78 |
| 89 | 73 | 72 | 73 | 73 | 73 | 73 | 74 | 74 | 75 | 76 | 77 |
| 88 | 72 | 72 | 72 | 72 | 72 | 73 | 73 | 73 | 74 | 75 | 76 |
| 87 | 72 | 72 | 72 | 72 | 72 | 72 | 72 | 73 | 73 | 74 | 75 |
| 86 | 71 | 71 | 71 | 71 | 71 | 71 | 72 | 72 | 73 | 73 | 75 |
| 85 | 71 | 71 | 71 | 71 | 71 | 71 | 71 | 71 | 72 | 73 | 74 |
| 84 | 71 | 70 | 70 | 70 | 70 | 70 | 70 | 71 | 71 | 72 | 73 |
| 83 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 71 | 72 |
| 82 | 70 | 70 | 69 | 69 | 69 | 69 | 69 | 69 | 70 | 70 | 71 |
| 81 | 70 | 69 | 69 | 69 | 68 | 68 | 68 | 69 | 69 | 69 | 70 |
| 80 | 69 | 69 | 68 | 68 | 68 | 68 | 68 | 68 | 68 | 69 | 70 |
| 79 | 69 | 68 | 68 | 68 | 67 | 67 | 67 | 67 | 67 | 68 | 69 |
| 78 | 69 | 68 | 68 | 67 | 67 | 66 | 66 | 66 | 67 | 67 | 68 |

## Achievement Score Cutoffs for Establishing a Severe Discrepancy between Ability and Achievement

Correlations Between Intellectual and Achievement Measures

| I.Q. | .35 | .40 | .45 | .50 | .55 | .60 | .65 | .70 | .75 | .80 | .85 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 77 | 68 | 68 | 67 | 67 | 66 | 66 | 66 | 66 | 66 | 66 | 67 |
| 76 | 68 | 67 | 67 | 66 | 66 | 65 | 65 | 65 | 65 | 65 | 66 |
| 75 | 68 | 67 | 66 | 66 | 65 | 65 | 64 | 64 | 64 | 65 | 65 |
| 74 | 67 | 66 | 66 | 65 | 65 | 64 | 64 | 64 | 64 | 64 | 64 |
| 73 | 67 | 66 | 65 | 65 | 64 | 64 | 63 | 63 | 63 | 63 | 64 |
| 72 | 67 | 66 | 65 | 64 | 63 | 63 | 63 | 62 | 62 | 62 | 63 |
| 71 | 66 | 65 | 64 | 64 | 63 | 62 | 62 | 62 | 61 | 61 | 62 |
| 70 | 66 | 65 | 64 | 63 | 62 | 62 | 61 | 61 | 61 | 61 | 61 |

# Appendix G

**Excerpts from:**

## Connecticut Agenda
**for Improving Education Services to All Students,**
**Particularly Students Eligible for**
**Special Education and Related Services**

# Introduction

Connecticut has a long tradition of providing special education and related services to children and adults with disabilities. In fact, it was one of the first states to enact legislation that provided procedural safeguards and ensured appropriate services to children and adults with disabilities, as early as 1967. When the federal legislation, Public Law 94-142, was passed in 1975, the state already had identified and was providing services to more than 9.4% of the K-12 student population. Through the years, the federal legislation has been reauthorized and the system for providing special education and related services in Connecticut has been expanded to serve a growing population with increasing needs. In 1997, nearly 72,000 students were identified within 13 categories of disability.

In the spirit of continuous improvement and with the desire to ensure quality programs for students eligible for special education and related services, the State Department of Education initiated a study of special education in the spring of 1996. Stakeholders participated in a survey and a series of focus groups designed to delineate the strengths of the current system and to pinpoint areas that needed strengthening. Data about current trends in student demographics, costs, programming, placement options, certification, etc. were analyzed, and staff researched alternate methods for providing quality programs. The timing of this study coincided with the reauthorization of the **Individuals with Disabilities Education Act Amendments**, which were signed into law on June 4, 1997. A draft *Report on Special Education and Pupil Services* was presented to the State Board of Education for discussion in September 1997, containing a series of recommendations in the following areas: prevalence rates; legislative mandates; litigation; out-of-district placements; costs; and instruction. The public again was invited to comment and the final report was presented in February 1998. It is summarized in this document as a plan of action, which was adopted by the State Board of Education on February 3, 1998. *The Connecticut Agenda for Improving Educational Services to Students Eligible for Special Education and Related Services* outlines goals and strategies that will be implemented by the State Department of Education and providers of special education and related services statewide.

It is widely recognized that, for more than 30 years, special education programs in Connecticut have helped thousands of young people become productive adults. The goals, objectives and strategies outlined in this strategic plan represent an attempt to take a good system and make it even better — now and in the future.

When Congress reauthorized the Individuals with Disabilities Education Act (IDEA), it recognized the need to displace low expectations, strengthen the role of parents and families, apply replicable research on proven methods of teaching and learning for children with disabilities, support high quality professional development, address issues related to identification, and coordinate efforts between responsible agencies. The State Board of Education believes that implementation of this strategic plan will further these goals.

Every student, including those with disabilities, is entitled to an education that prepares him or her to enter the workforce and to live a productive, satisfying life. It is our responsibility to provide the necessary accommodations and specially designed instruction to enable student learning. This report provides a blueprint for doing so; it is hoped that, collectively, state and local educators, parents, legislators and the community will make this blueprint a reality.

# Position Statement on Educating Students with Disabilities

*June 5, 1996*

The Connecticut State Board of Education believes that all students are unique and are influenced by cultural, linguistic, intellectual, psychological, social and economic factors. These factors create a need for a varied educational environment that provides for, and accommodates, each child's strengths and areas of improvement. The Board also believes that a unified and coordinated continuum of educational opportunities and supports, designed to address individual needs, serves and benefits all students. The Board encourages the implementation of educational models that promote multiple instructional strategies which encourage and accommodate students in the general environment to the maximum extent appropriate. It is the responsibility and obligation of educators to design and provide teaching strategies, methods and materials that are suitable for each individual learner. Only after exhausting a continuum of these strategies should a child be referred to special education for further evaluation.

The Connecticut State Board of Education supports the principle that Connecticut's Common Core of Learning defines common goals for all students, including those with disabilities. Connecticut's public education system has the duty to provide opportunities for all students to achieve the statewide student goals (motivation to learn, mastery of the basic skills, acquisition of knowledge, competence in life skills, and understanding society's values). The demonstrated performance of these skills, knowledge and attributes must become a greater focus and the acknowledged responsibility of all professionals in the greater education community. The Board presumes that these goals are best achieved in the child's local school, although it recognizes that some children would benefit from alternate settings. Furthermore, the Board believes in the continuous monitoring of student growth and achievement.

**Good practice requires:**

1. Provision of a continuum of teaching and learning options and settings that fosters high expectations, continuing improvement, and challenging curriculum for all students and that prepares students for eventual entry into higher education and the workplace;

2. Identification of student needs and the implementation of student and teacher accountability measures to assess growth and the impact of services;

3. A collaborative approach to service delivery that includes parental involvement, use of community-based resources, learning experiences that are both school-based and work-based, and pupil services and supports (psychology, guidance, counseling, social work, speech and language and health services);

4. Training of all educators that prepares them to teach children with varying abilities, interests and learning styles, and enables them to modify curriculum, deliver individually-designed instruction and implement inclusive education practices unless inappropriate;

5. Sufficient allocation and efficient utilization of resources to provide quality instruction that results in improved student outcomes and focuses on activities with clear educational benefit;

6. Delivery of support services based on early diagnosis of learning problems and early intervention strategies that accommodate different learning styles in the regular classroom, which results in fewer students being identified as requiring special education;

7. Alignment of special education programs and services with all state and federal and local reform efforts to ensure involvement in all school improvement activities;

8. Full participation in state and districtwide assessment opportunities, which are designed to assess the degree to which basic skills are mastered;

9. Use of current medical, educational and psychological research to inform best practices in teaching strategies;

10. Utilization of reliable and appropriately employed standard criteria to identify children with specific learning needs; and

11. Involvement of parents of students with disabilities in the planning and assessment of all aspects of the student's educational program.

The Board believes that implementation of these practices will encourage all students to value themselves as capable individuals who make successful transition(s) to further education and employment. As a result, students will be self-sufficient, productive and contributing members of society able to make informed personal choices and function successfully as family members, workers, learners, citizens, friends and consumers.

## Goals

In implementing the principles outlined in the *Report on Special Education and Pupil Services and the Position Statement on Educating Students with Disabilities,* there are four overarching themes which provide the foundation for the objectives and strategies contained herein:

### A Unified System

General and special education must be reunited into a unified system of educational programs and supports that provide a range of opportunities and experiences based on each student's unique learning style, needs and interests.

### Alternatives To Identification

Early intervention and pre-referral strategies are critical elements that must be employed to identify and remediate, at their onset, learning difficulties that result from lack of instruction, language difficulty, and/or inadequate preschool experiences.

### Uniform Standards and Quality Programming

All students who require special education and related services must be properly evaluated, identified and placed in programs that will enable them to demonstrate mastery of the goals outlined in the Common Core of Learning and taught as part of the general curriculum.

**Support Mechanisms**

Students who are not eligible for special education and related services but who are having difficulty mastering developmentally appropriate curriculum goals must be provided with accommodations, supports and alternatives to instruction in the traditional manner.

# Objectives

1. To implement a system of educational support services that provides an **early diagnosis** of learning problems and **early intervention** strategies in order to guarantee an optimum learning opportunity within the general classroom setting.

2. To **identify and evaluate** all children (ages 3 through 21) who require special education and related services using reliable and appropriately employed standard criteria, to identify student strengths, weaknesses, interests, aptitudes and learning style.

3. To provide (for each student requiring special education and related services) a **quality program** that reflects the general curriculum, incorporates alternate instructional strategies for learning, outlines a method for assessing the achievement of goals and the impact of services, provides an array of teaching and learning opportunities and fosters high expectations.

4. To develop a system of **measurement and accountability** that provides a means of assessing individual, collective and institutional outcomes, and to re-evaluate and adjust educational policies and programming in accordance with assessment results.

5. To use a **collaborative approach** to service delivery and educational programming that includes parents, community resources, the business community, pupil services and supports, and educators; and to provide **sufficient resources** to accommodate the needs of each learner.

6. To develop and implement procedural safeguards for children requiring special education and related services within an effective and efficient state and local **administrative and governance structure** that focuses on quality programming and increased instructional time, delineates roles and responsibilities of all involved partners, and reduces paperwork while ensuring accountability.

7. To continue to improve the quality of the **teaching workforce**, which can demonstrate the competencies necessary to provide individually-designed instruction in the areas outlined in the Common Core of Learning and measured on standardized state tests, to children with varying interests, abilities and learning styles.

8. To ensure that **students who** are not eligible for special education and related services, but who **require additional assistance** in order to learn, are provided with the necessary accommodations in order to master the goals of the general curriculum.

# Appendix H

**Excerpts from:**

**Improving Reading Competency for Students in the Primary Grades**

- (Excerpts are not available here but this document is on SDE's website)

# Appendix I

## Bibliography

# Bibliography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# LEARNING DISABILITIES GUIDELINES
# FEEDBACK FORM

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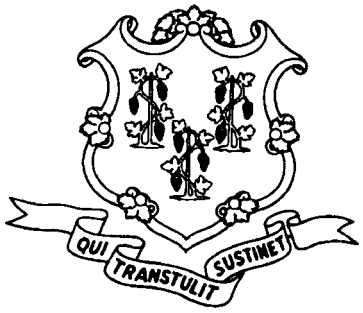
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